## 2023 Tax Organizer

## PLEASE DOWNLOAD TO YOUR COMPUTER BEFORE FILLING OUT.

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2023 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2023 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

Note: The General Questions and worksheets include a variety of questions designed to assist in completing your tax return. Not all questions will be applicable to your situation and can be left blank. If you answer yes to any of the questions, be sure to provide the applicable details.

Please	e provide the following information:				
	A copy of your 2022 tax return (if not in our possession).				
	Original Form(s) W-2.				
	Schedule(s) K-1 showing income or loss from partnership	os, S corporations or est	ates or trusts.		
	Copies of other compensation or pension documentation,	such as Form 1099-MIS	SC, Form 1099-R, Fo	rm 1099	}-NEC.
	Copies of Form 1099-K used to report transactions through	gh a third-party payment	network, such as P	ayPal, V	'enmo
	and Zelle.				
	Form(s) 1099 or statements reporting dividend and interest	st income.			
	Brokerage statements showing transactions for stocks, b	onds, etc.			
	Form(s) 1098 reporting interest paid, copies of real estatholdings.	e tax bills and other info	rmation relating to re	eal prop	erty
	Copies of closing statements regarding the sale or purch	ase of real property.			
	All other information notices you received, or any items y	ou have questions abou	t.		
Please	e provide all relevant documentation or applicable details for	any questions below for	which you have ans	wered "	Yes"
	Health Insurance a	nd Education			
				YES	NO
1.	Did you or your spouse have self-employment health insu	rance?			
2.	Did you contribute to or receive distributions from a Health	Savings Account (HSA	)?		
3.	Did you have a college savings account (e.g.: 529, Educa	tions Savings Account,			
	etc.)?If yes, please enter total 2022 qualified amount:				
	Direct Deposit of Refund	and Foreign Incom	e		
	2 2 0p0011 01.11014			YES	NO
1.	Did you have any foreign income or a foreign account? PI section of this organizer.	ease refer to the guideling	nes on the income		
2.	The Internal Revenue Service encourages all taxpayers to direct withdrawal of taxes owed. If you would like WCPA tout the information in the next section.	opt for a direct deposit o handle your payment o	of refunds, or a options, please fill		
	a) If you receive a refund, would you like to choose dire	ct deposit?			
	b) If you owe income taxes, would you like to choose to bank account?	have the amount withdr	awn from your		
N	IOTE: WCPA will not initiate payments or refunds until you	have thoroughly review	ed and approved yo	ur retur	'n.
CAL	JTION: Review information for accuracy. PLEAS	SE PROVIDE A VOI	DED CHECK IF I	POSSI	BLE
1.	Name of financial institution:				
2.	Routing Number:				
3.	Account Number:				
4.	Type of Account:	Checking:	☐ Savings:		



## GALLAGHER TAX & INVESTMENT LLC 3350-A ANNAPOLIS LN N. PLYMOUTH, MN 55447 Telephone: (612) 306-2830

Taxpayer Information	Spouse Information						
Last name			Last name				
First name			First name				
Middle Initial Suffix			Middle Initial.			Suffix	
Social security number			Social securit	ty number.			
Occupation			Occupation				
Work phone Ext	····		Work phone			Ext	
Cell phone			Cell phone				
E-mail address			E-mail addres	SS			
Date of birth			Date of birth.				
Address					Ap	artment/Suite #	
City			State		ZIP c	ode	
Home phone			Fax number				
Dependent Information							
First Name Last Name	MI Suffix	Nu	Security mber ionship	Date of Birth	f	Months Lived with Taxpayer	Child Care Expenses
	<b>∤</b>  -	Nu	mber		f		Child Care Expenses
	<b>∤</b>  -	Nu	mber		f		Child Care Expenses
	<b>∤</b>  -	Nu	mber		f		Child Care Expenses
	Suffix	Nu Relati	mber		f		Child Care Expenses
Last Name	Suffix	Nu Relati	mber				Child Care Expenses  Amount Paid
Last Name  Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Last Name  Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Last Name  Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Last Name  Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Child and Dependent Care Provider E	xpenses	Relati	mber			with Taxpayer	
Child and Dependent Care Provider E Name  Education Tuition and Fees	xpenses	Relati	mber			with Taxpayer	

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Please provide if you have any of the following income or forms:						
Form(s) W-2 - Wages, Salaries, Tips and Other Compensation						
Form(s) 1099-R - Distributions from Pensions, Annuities, Retirement, Pro	fit-Sharing, IRAs, etc	:				
Form(s) SSA-1099 - Social Security/Railroad Benefits  Social Security Benefits from Form SSA-1099						
Form(s) 1099-MISC - Miscellaneous Income and 1099-NEC						
Form(s) 1099-INT - Interest Income						
Form(s) 1099-DIV - Dividend Income						
Form(s) 1099-B, 1099-S - Sales of Stocks, Bonds, Real Estate, etc.						
Provide all stock sale transaction information, including initial cost information.						
Foreign Income – Foreign Accounts and Trusts (Qualification Criteria)						
<ul> <li>Did you have taxable interest, ordinary dividends or other income from a foreign account of, or a Transferor to a foreign trust?</li> <li>Did you have a financial interest in or signature authority over a financial account (such account) located in a foreign country?</li> <li>Did you receive a distribution or were the Grantor of, or Transferor to a foreign trust?</li> </ul>						
If you answered Yes to any of these questions, provide the name of the foreign country where	e the financial account is lo	ocated:				
Virtual Currency and Cryptocurrency						
All sale or other exchange of virtual currency and cryptocurrency, or use it to pay for goods compensation, or holding it as an investment.	or services, or receiving if	t as				
Other Government Forms to provide:						
Form(s) 1099-G - Certain Government Payments, Schedule K-1s - Partnership, S-Corporati Gambling or Lottery Winnings, Form(s) 1099-Q - Payments from Qualified Education Program		e, Form(s) W-2G -				
Other Income:						
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Provide farm you own. Include a list of all new equipment acquired this year, including date of purch		any business, rental or				
Retirement Plan Contributions  Traditional IRA contributions made for 2023  Roth IRA contributions made for 2023  SEP, Keogh, Individual 401(k) or SIMPLE Contributions						

	2023 Deductions
al and Dental Expenses – Please provide total amounts, DO NOT SEND RECE	EIPTS
riptions & Medications	
n Insurance Premiums	

Medical and Dental Expenses – Please provide total amounts, DO NOT SEND	RECEIF 13
Prescriptions & Medications	
Health Insurance Premiums	
Doctors, dentists, etc	
Hospitals, clinic, etc.	
Eyeglasses and contact lenses	
Miles driven for medical purposes.	
Other medical and dental expenses:	
Гахеs	
Real estate taxes paid on principal residence	
Real estate taxes paid on additional homes or land	
Auto license registration fees based on the value of the vehicle	
Other personal property taxes:	
Interest Expenses	-
Home mortgage interest paid - Provide Form(s) 1098.	
Lender Name	Amount
Points paid on loan to buy, build, or improve main home	
Lender Name	Amount
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions	Amount
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address.	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions  Union and professional dues	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs.  Taxpayer educator expenses.	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Miscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs.  Taxpayer educator expenses  Spouse educator expenses	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Wiscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs  Taxpayer educator expenses  Spouse educator expenses  Tax return preparation fees	
Charitable Contributions (please provide spreadsheet or receipts)  Cash/Check/Credit Contributions  Noncash Charitable Contributions  Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.  Wiscellaneous Deductions  Union and professional dues  Professional subscriptions, books, supplies  Uniforms and protective clothing (including cleaning)  Job search costs  Taxpayer educator expenses  Spouse educator expenses	

	Did a lond	ar cancel any of your	deht in 20222 (D-2	vide any Forms 1000	- A or 1000	9-C)			Г
		, ,	,	•		y-saving property duri			L
	Did you pu	rchase a motor vehic	le or boat during 20	)23?					
	If yes, pro	vide documentation sl	nowing sales tax pa	aid.					
	Did you pu	rchase a hybrid or ele	ectric vehicle in 202	23? If yes, enter year	, make, m	odel, and date purcha	sed		[
	Did you do	nate a vehicle in 202	3? If yes, provide F	orm 1098C					[
	Did your m	narital status change o	during 2023?						[
	If yes, exp	lain:							
	Were you							-	
	Do you ha	ve dependents who m	nust file?						[
	Do you has \$2,300?	ve children who are u	nder age 19 or a fu	II-time student under	age 24 w	ith investment income	greater than		I
	Did you pr	ovide over half the su	pport for any other	person during 2023?					[
	Did you inc	cur adoption expenses	s during 2023?						[
	Did you re	ceive a total distributi lified plan within 60 d	on from an IRA or d lays of the distribut	other qualified plan t	nat was pa	artially or totally rolled	over into another		[
	Did you re	ceive any disability pa	ayments in 2023?						
	-	•							[
	closing or:					eal property in 2023?			[
	a) escro	w statements, 1099-C	or 1099-A forms?.						
	b) If you	sold a home, did you	claim the First-Tin	ne Homebuyer Credit	when you	purchased it?			[
	Did you in	cur any casualty or the	eft losses during 20	)23?					[
	Did you in	cur any non-business	bad debts?						[
	Did you pa	y any individual for d	omestic services in	2023?					[
	Did you tal	ke a retirement accou	ınt distribution relat	ed to the corona viru	s or a natu	ural disaster?			[
	Did you bu	y or sell any stocks o	r bonds in 2023?						
						r 1989 to pay for high			[
	Did you in	cur any moving exper	nses? If yes, provid	e details					[
	Did you re	ceive any income not	included in this Ta	x Organizer? If yes,	olease pro	vide information			
	Do you exp	pect your income and	deductions in 2024	to be the same as 2					
	If no, prov	ide explanation of cha	anges expected on	last page					
	-	•		•	•	ease provide form			
						nancial interest in any			
	•								[
		-	_						
						d date of divorce:			[
	Dia you po	y arry aminority in 202	o. 11 you, oillei 160	piones sort, Allinon	, paiat and	adio of divoloc		П	ı
	Enter your	state of residence.	Taxpayer:		-	Spouse	9:		_
r	nated Tax	es Paid		State			Local		
	Date	Amount	Date	State Amount	ID	Date	Local Amount		II
		Amount	Jaco	Amount	10	Date	AIIIVUIII		<b>⊥</b> "

Additional Information	
Additional information	